


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047844 1. Entity Name G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, INC.	
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Principal Place of Business 312 SE 17 ST, 2 FLOOR FT LAUDERDALE, FL 33316	Mailing Address 312 SE 17 ST, 2 FLOOR FT LAUDERDALE, FL 33316
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03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAAVEDREA, PELOSI & GOODWIN
312 SE 17TH STREET., 2ND FLOOR
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000100246
03/31/04-80039-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTIN, GHISLAIN 312 SE 17 ST, 2 FLOOR FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS VLEMINCKX, ALAIN 312 SE 17 ST, 2 FLOOR FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS CLOUTIER, PIERRE 312 SE 17 ST, 2 FLOOR FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04
Date

954-767-8828
Daytime Phone #